

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586319

FILING DATE

APPLICANT(S)

Art. 19

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1	1			
5		1				
6		1	1			
7		1	1			
8		1	1			
9		8				
10		8				
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TOTAL IND.	1	↓	4	↓		↓
TOTAL DEP.	27	←	8	←		←
TOTAL CLAIMS	28		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						